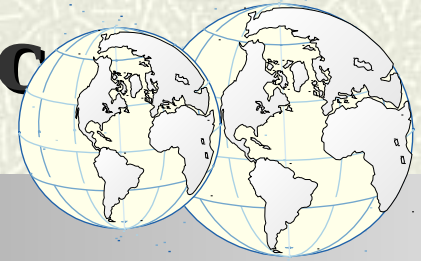


Commercial Vendor Service



United States Army Financial Management Command



Task, Condition, Standards

TASK: Conduct CVS Training Operations

CONDITION: Given a requirement to conduct CVS Training Operations in a contingency environment IAW:

- **Federal Acquisition Regulation (FAR)**
- **Defense Federal Acquisition Regulation (DFAR)**
- **5 Code of Federal Acquisition Regulation**
- Part 1315 PPA**
- **DODFMR Volume 10**
- **Local Policies**

Task, Condition, Standards

STANDARDS: Students should be able to perform the following without errors:

- 1. Maintain the Bills Register Card DA Form 3900**
- 2. Identify the Elements of a Fiscal Code**
- 3. Prepare Routine Vouchers for Payment**
- 4. Process Accounts Payable Documents**

Agenda

- ❖ **Policies**
- ❖ **What is Commercial Vendor Services**
- ❖ **Fiscal Triad**
- ❖ **Contract Funding Stages**
- ❖ **Required Documentation for Payment**

Agenda

- ❖ **Structure of the CVS office**
- ❖ **DA Form 3900 Bills Register Card**
- ❖ **What is a Fiscal Code**
- ❖ **Pre-Validation**
- ❖ **Types of Contracts**

Agenda

- ❖ **Modification**
- ❖ **Types of Receiving Reports**
- ❖ **Types of Invoices**
- ❖ **Types of Paid Vouchers**
- ❖ **Prepare a Voucher for Payment**
- ❖ **Questions**

REGULATIONS

❖ **Federal Acquisition Regulation (FAR):**

- **FAR provides uniform policies and procedures**
- **FAR does not include internal agency guidance**
- **Website <http://farsite.hill.af.mil.vffara.htm>**

REGULATIONS

❖ Defense Federal Acquisition Regulation (DFAR):

- Allows and grants approval for the defense acquisitions to deviate from the FAR by inserting additional information and guidance in specific areas.
- Website <http://www.Acq.osd.mil/dp/dfars.html>

REGULATIONS

❖ **Code of Federal Regulations Title 5, Part 1315 (Prompt Payment Act) 5CFR 1315 (PPA)**

- **Published by the Office of Management and Budget (OMB)**
- **General and permanent rules**
- **Updated each calendar year**
- **Website**
<http://www.fms.treas.gov/prompt/5cfr1315.pdf>

REGULATIONS

- ❖ **Department of Defense Financial Management Regulation Volume 10 (DODFMR)**
 - **Website**
<http://www.dod.mil/comptroller/fmr>

POLICIES

❖ Local Policies

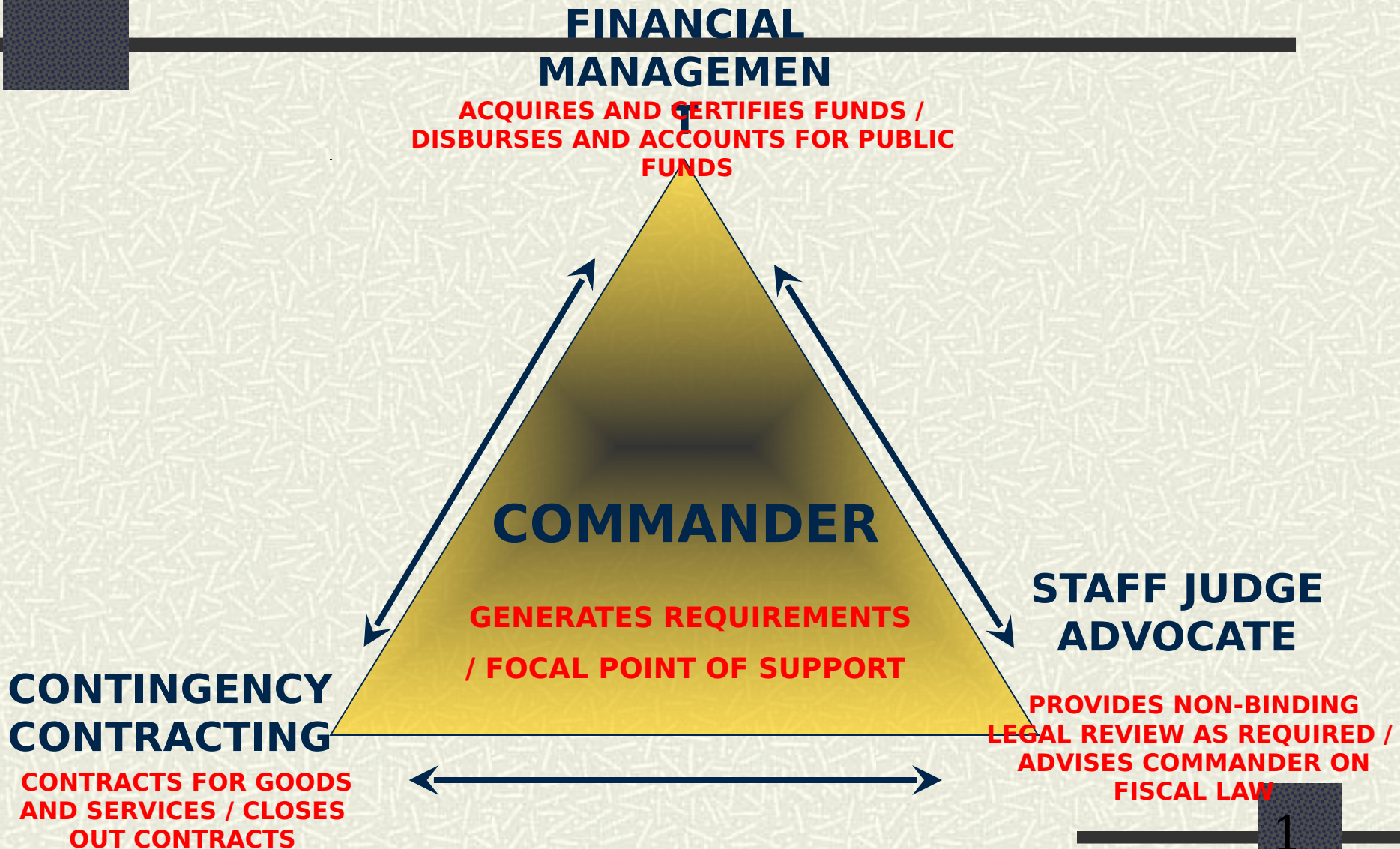
- **Based upon unique situations pertaining to location**
- **Direct policies and procedures on how to make a payment**
- **Services have their own manuals and regulations**

Commercial Vendor Services Mission

- ❖ Prepare, audit, and process all vouchers
for supplies, equipment, and
non-personal services
procured by the
government**

THE FISCAL TRIAD

LEGALLY- BINDING PROCESS THAT GOVERNS THE PROCUREMENT PROCESS



CONTRACT FUNDING STAGES

Step 1

**Unit identifies a REQUIREMENT
generates a
DA Form 3953
Purchase Request and Commitment**

Step 2

**PR&C submitted to RM
for APPROVAL**

CONTRACT FUNDING STAGES

Step 3

**RM funds PR&C and records
the commitment**

Step 4

**RM submits PR&C to
Contracting**

CONTRACT FUNDING STAGES

Step 5

**Contracting AWARDS
contract for goods/services**

Step 6

Contract is sent to RM for OBLIGATION

CONTRACT FUNDING STAGES

Step 7

**CVS office receives the invoice, receiving report
and contract**

Step 8

**CVS office prepares
the
SF 1034 and sends
the to disbursing
for payment**

DA Form 3953 Purchase Request and Commitment

PURCHASE REQUEST AND COMMITMENT <small>For use of this form, see AR 37-1; the procuring agency is OASAFM</small>			1. PURCHASE INSTRUMENT NO.		2. REQUISITION NO.		3. DATE		PAGE OF PAGES	
4. TO:			5. THRU:				6. FROM:			
It is requested that the supplies and services enumerated below or on attached list be:										
7. PURCHASED FOR:						8. DELIVERED TO:			9. NOT LATER THAN (Date)	
<p>The supplies and services listed below cannot be secured through normal supply channels or other Army supply sources in the immediate vicinity, and their procurement will not violate existing regulations pertaining to local purchases for stock; therefore, local procurement is necessary for the following reason: (Check appropriate box and complete item)</p>						10. NAME OF PERSON TO CALL FOR ADDITIONAL INFORMATION			11. TELEPHONE NUMBER	
12. LOCAL PURCHASES AUTHORIZED AS THE NORMAL MEANS OF SUPPLY FOR THE FOREGOING BY:			13. REQUISITIONING DISCLOSES NONAVAILABILITY OF ITEMS AND LOCAL PURCHASE IS AUTHORIZED BY:			FUND CERTIFICATION The supplies and services listed on this request are properly chargeable to the following allotments, the available balances of which are sufficient to cover the cost thereof, and funds have been committed:				
EMERGENCY SITUATION PRECLUDES USE OF REQUISITION CHANNELS FOR SECURING ITEM										
14. ITEM	15. SUPPLY OR SERVICES	DESCRIPTION OF	16. QUANTITY	17. UNIT	18. ESTIMATED		19. ACCOUNTING CLASSIFICATION AND AMOUNT			
					UNIT PRICE <i>a</i>	TOTAL COST <i>b</i>				
							20. TYPED NAME AND TITLE OF CERTIFYING OFFICER			
							21. SIGNATURE			
							22. DATE			
25. THE FOREGOING ITEMS ARE REQUIRED NOT LATER THAN AS INDICATED ABOVE FOR THE FOLLOWING PURPOSE:							23. DISCOUNT TERMS			
							24. PURCHASE ORDER NUMBER			
							26. DELIVERY REQUIREMENTS			
							ARE MORE THAN 7 DAYS REQUIRED TO INSPECT AND ACCEPT THE REQUESTED GOODS OR SERVICES IF YES, NUMBER OF DAYS REQUIRED: YES <input type="checkbox"/> NO <input type="checkbox"/>			
27. TYPED NAME AND GRADE OF INITIATING OFFICER		28. SIGNATURE			29. DATE		34. TYPED NAME AND GRADE OF APPROVING OFFICER OR DESIGNEE		35. SIGNATURE	
30. TELEPHONE NUMBER									36. DATE	
31. TYPED NAME AND GRADE OF SUPPLY OFFICER		32. SIGNATURE			33. DATE					

DA FORM 3953, MAR 91

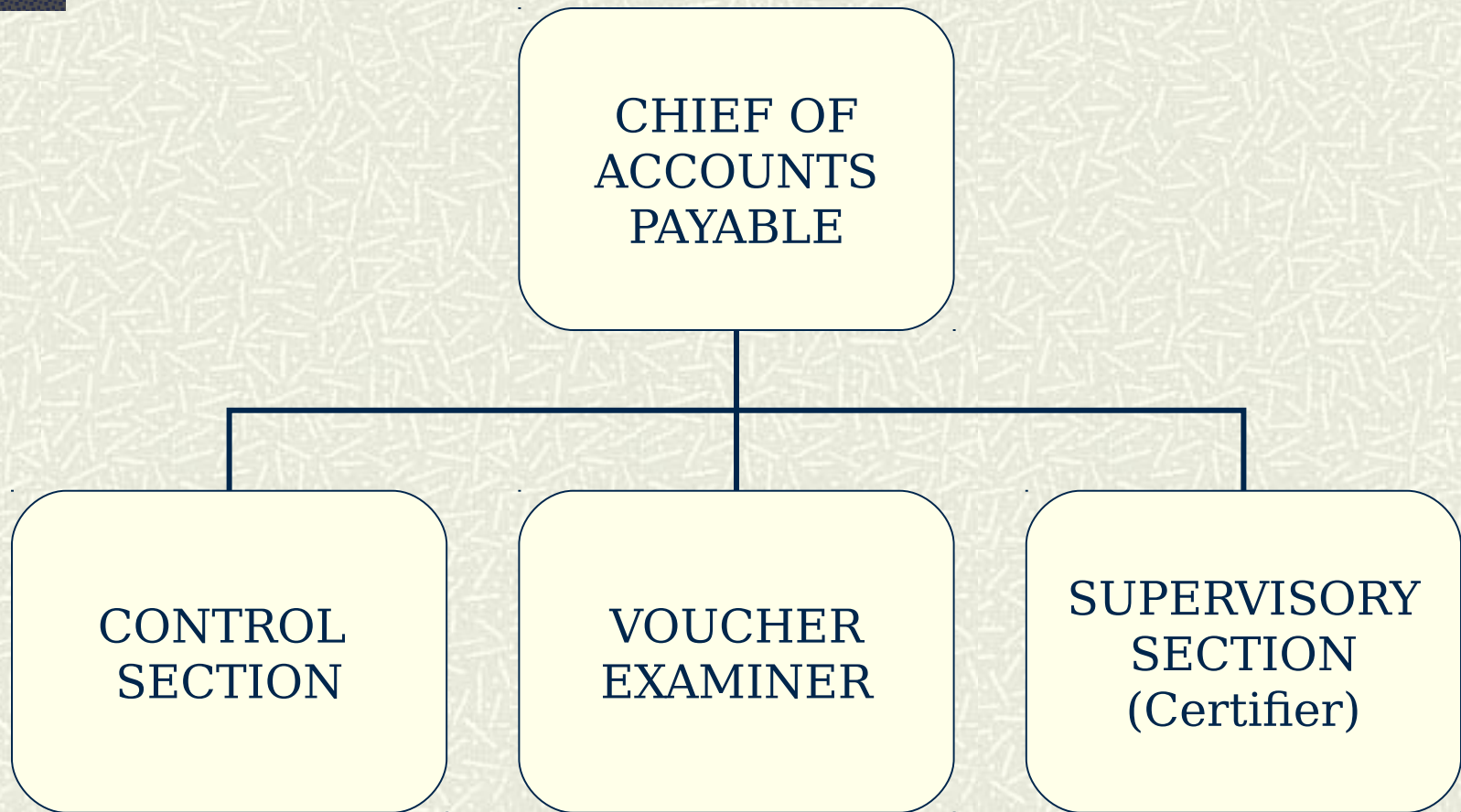
EDITION OF AUG 76 IS OBSOLETE

USAPPCV.1.10

Required Documentation for Payment

- **Contract (Procurement Document)**
 - ★ Generated by Contracting Office
- **Receiving/Acceptance Report**
 - ★ Generated by the Receiving Activity (Unit) who received the goods/services
- **Invoice**
 - ★ Generated by the Vendor
- **PR&C (Based on Local Policy)**
- **Proof of Pre-validation (Based on Local Policy)**

STRUCTURE OF THE CVS OFFICE



DAF101-**-C-1339

BILLS REGISTER
SUPPLIES AND SERVICES
NONPERSONAL

TOTAL OBLIGATION: \$2,868.00

Name QATAR INTERNATIONALAddress CAMP LIBERTY, IRAQ APO AE 09165

REGISTER NUMBER	ORDER OR CONTRACT NUMBER	DATE OF INVOICE	DATE RECEIVED	AMOUNT	DISCOUNT OR DEDUCTION	NET AMOUNT INVOICE	RECEIVING REPORT		VOUCHER NUMBER	CHECK			REMARKS
							NUMBER	RECEIVED		DATE	NUMBER	AMOUNT	
377	C-1339	10Oct	13Oct	11950	598	11352	17Oct	18Oct					1st Partial Less 5% Discount

INFORMATION FOR
THE FIRST COLUMNS,
TAKEN FROM THE
VENDOR'S INVOICE

ANY
INCREASE OR
DECREASE
TO THE
INVOICE
AMOUNT

AMOUNT
BLOCK
PLUS OR
MINUS
DISCOUNT
OR
DEDUCTIO
N
BLOCK

INCLUDE
ACTUAL OR
CONSTRUCTI
VE
ACCEPTANCE,
WHICHEVER
IS EARLIER

FILLED IN AFTER DISBURSING
MAKES THE PAYMENT

THE DATE COMMERCIAL
VENDOR SERVICES GETS
THE RECEIVING REPORT

AT A MINIMUM,
INCLUDE THE
PAYMENT
NUMBER AND
TYPE, AND
ANY REASON FOR
CHANGES TO THE
ORIGINAL
AMOUNT OF THE
INVOICE

PURPOSE OF THE BILLS REGISTER CARD

- Shows when all supporting documents necessary to prepare a payment voucher have been received.
- Cites paid vouchers and check number.
- Shows amount and number of partial or progress payments.
- Prevents duplicate payments.

Check on learn



Q: What are regulations and policies that govern commercial vendor services?

FAR, DFAR, DODFMR Volume 10, CFR Title 5 Part 1315, and Local Policies of service components.

Q: Who are part of the Fiscal Triad?

Staff Judge Advocate, Contracting, Financial Management

Q: Describe the contract funding stages?

Unit identifies a need for a requirement or service

PR&C is submitted to the RM for approval

RM funds PR&C and records the commitment

RM submits PR&C to contracting

Contract Office awards the contract to the vendor

Contract is sent to Resource Management for obligation

CVS office receives the invoice, receiving report, and contract

CVS prepares the voucher for payment

Check on learn



Q: What form is submitted to the Resource Management office for request of funds?

DA Form 3953 Purchase Request and Commitment

Q: What are the required documents in order to pay a contract?

Contract, Receiving Report, an Invoice

Q: What are the sections within Commercial Vendor Services Section?

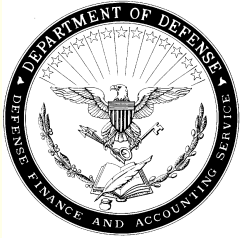
Control, Voucher Examiner, and Supervisory

Q: What is the DA Form 3900 used for?

Bills Register Card- shows when all supporting documents necessary to make a legal payment have been received, i.e., contract, receiving report, and vendor's invoice

What is a Fiscal Code

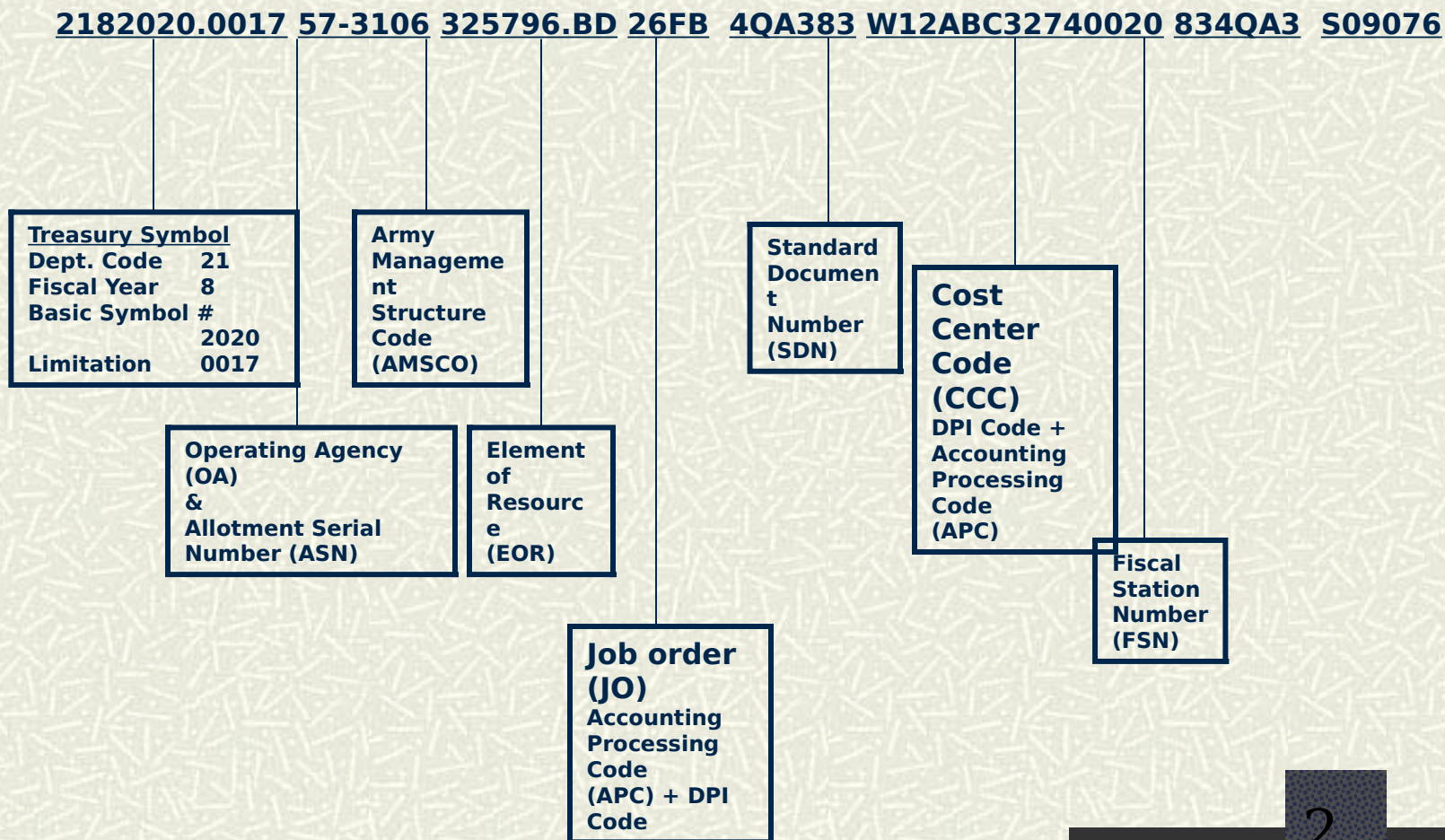
**DFAS-IN MANUAL 37-100-
FY**



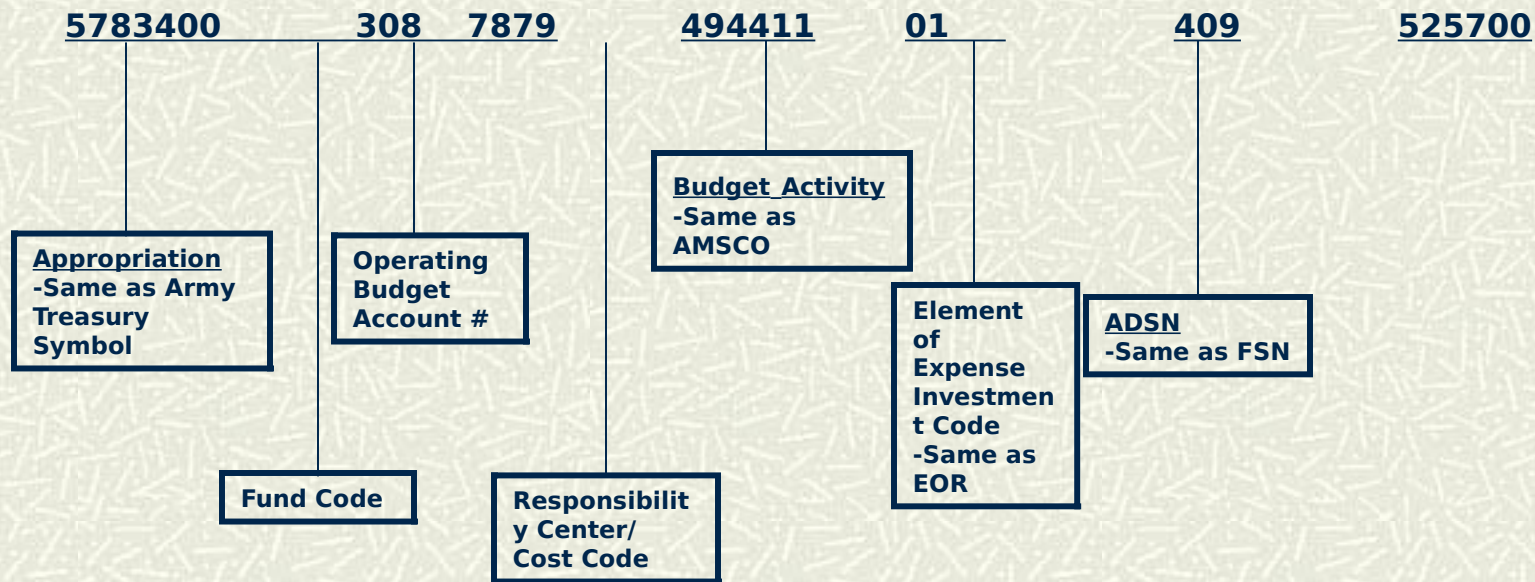
**Financial Management
The Army Management
Structure Fiscal Year **
Defense Finance and
Accounting Service
Indianapolis Center (DFAS-IN)
Indianapolis IN
August 2000**

A uniform method of
recording, classifying,
summarizing, and
reporting financial
transactions.

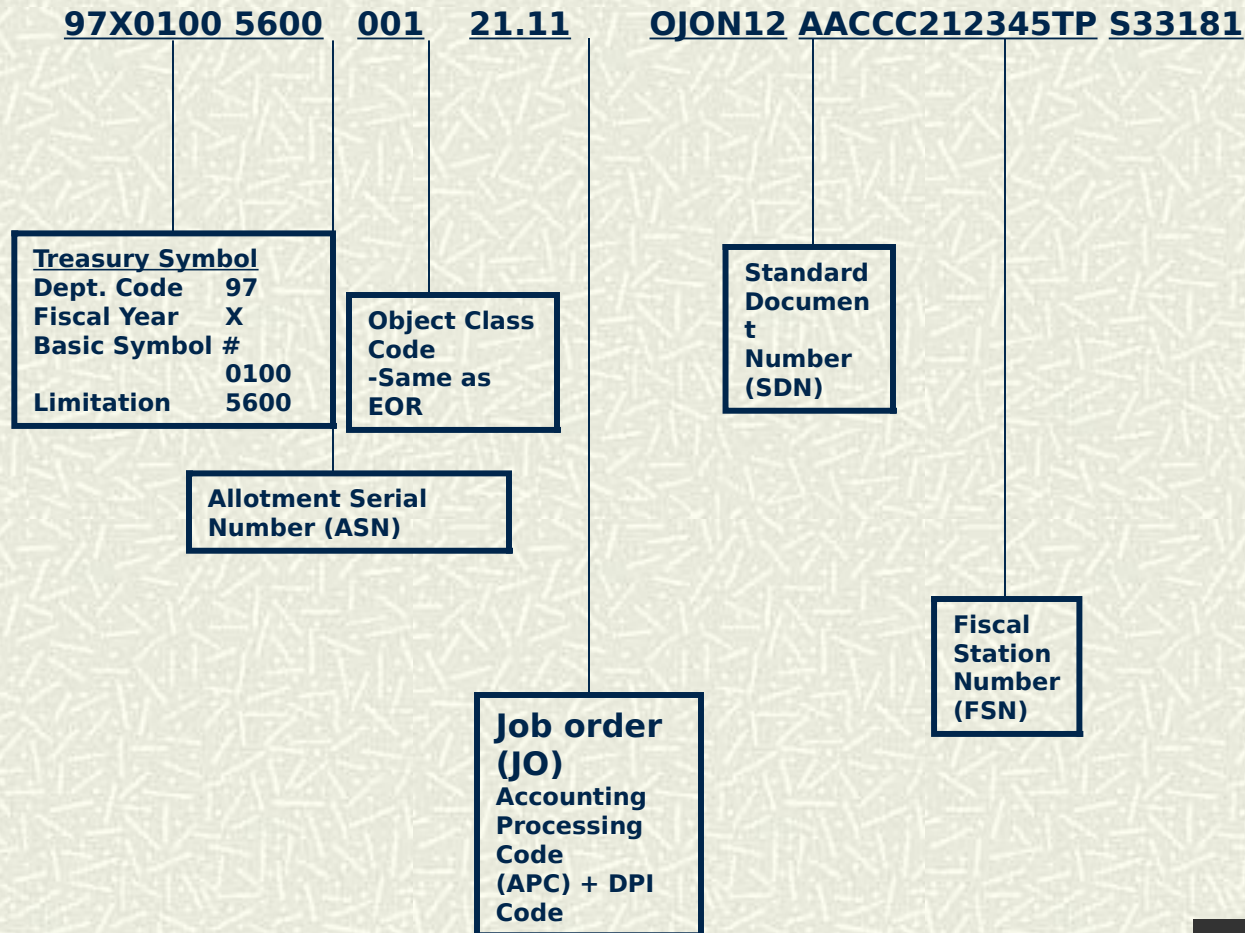
Standard Army Accounting Classification Code



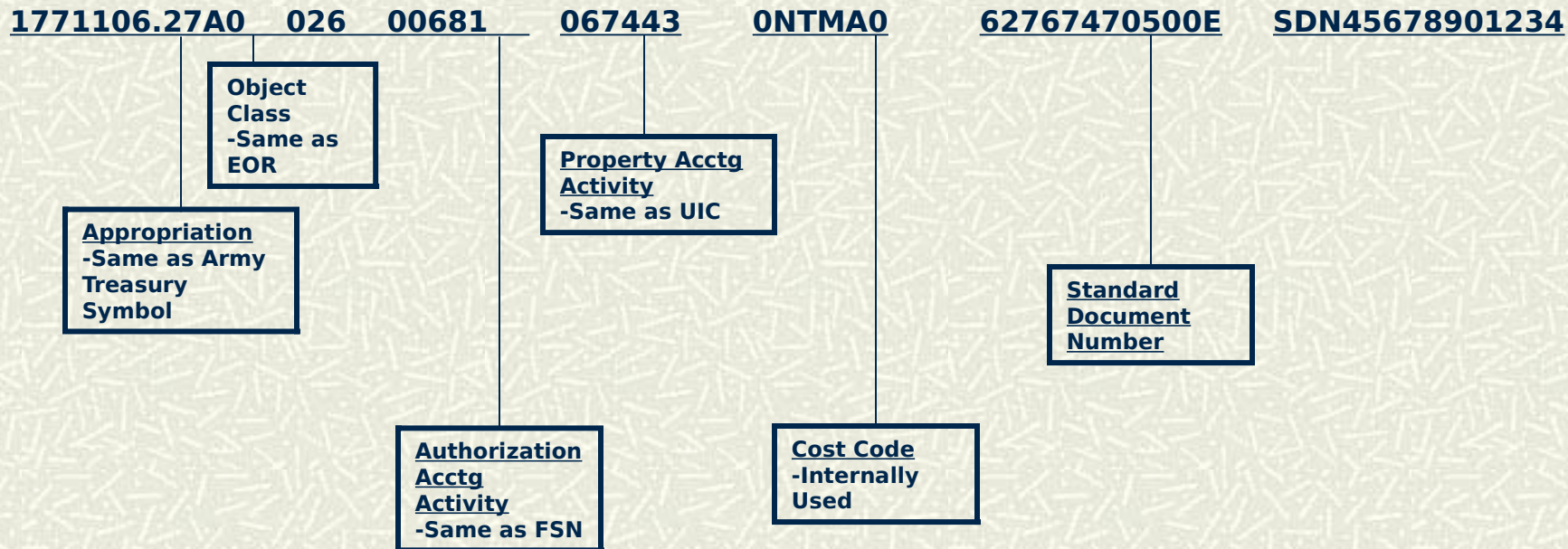
Standard Air Force Accounting Classification Code



Standard DoD Accounting Classification Code



Standard Navy/ Marine Accounting Classification Code



APC Crosswalk

<i>FY</i>	<i>APC</i>	<i>DP</i>	<i>BSN</i>	<i>Limit</i>	<i>AMSCO</i>		<i>FSN</i>			
8	4QA3	21	2020	0000	900000000000	K	009076	000000000000	6000	CPMNC Operations
8	4QAV	21	2020	0000	900000000000	K	009076	000000000000	6000	AVN TASK FORCE
7	3009	21	2020	0000	900000000000	K	030093	000000000000	6000	Oploc rome FSN 030093
8	49LW	21	2020	0000	900000000000	K	044008	000000000000	6000	USAENGR Ft. Belvoir
8	K074	97	0100	7206	900000000000	K	033181	000000000000	6000	DFAS -CO ACCB
8	K101	97	0100	4690	900000000000	K	033181	000000000000	6000	CPTFO DISB LIMIT
8	BS23	17	1105	2702	000000000000	K	067443	000000000000	8000	Casual Pay USMC Enl
8	BS24	17	1105	2701	000000000000	K	067443	000000000000	8000	Casual Pay USMC Off
8	K341	57	3400	0000	000000000000	K	667100	000000000000	7000	CPDFAS Limestone
8	K084	57	3840	0000	000000000000	K	667100	000000000000	7000	CPTFO Barksdale AFB

1781105.2702 026 00681 067443 ONTMA0 62767470500E SDN45678901234

- To locate the APC for any LoA that does not contain the FSN of S09076, you must use the APC Master File.
- Identify the FY, Dept. Code, BSN, and FSN.
- That will have the APC that has been assigned by DFAS Rome.
- If the listing does not contain the APC, you must contact DFAS-Rome to have them create one for you.
- THE APC for this LoA is BS23.

Accounting Classifications

❖ Data processing Installation Code (DPI)

- Not an element of the Line of Accounting
- Two digit code
- Identifies the installation providing the data processing support
- Job Order (JO) = APC + DPI
- Cost Center Code (CCC) = DPI + APC

Pre-Validation

- ❖ **Process to match planned disbursement with the recorded obligation prior to payment.**
- ❖ **To determine before payment is made to ensure the un-disbursed balance of each obligation is sufficient to cover the amount of the planned disbursement. This process is intended to minimize the occurrence of problem disbursements and Anti-Deficiency Act violations.**

Different Methods of Pre-Validation

- **STANDARD FINANCE SYSTEM-(STANFINS)**
- **FINANCE AND LOGISTIC SYSTEM-(FINLOG)**
- **LOGISITIC INFORMATION WAREHOUSE -(LIW)**
- **OPERATIONAL DATA STORE -(ODS)**

Different Methods of Pre-Validation

- **DEFENSE JOINT MILITARY PAY SYSTEM- (DJMS) DYNACOMM**
- **Direct Contact with Resource Management**
- **Emails**

STANFINS Terminology

➤ STANFINS- The official Army accounting system.

LXG- Shows only current obligations, accruals, and disbursements. The totals are cumulative. Does not show specific data.

NXG- Current months transactions.
Specific data shows

STANFINS Terminology

- **NULO-** (Negative Un-Liquidated Obligation)
When disbursements are greater than the obligation
- **DON-** Also known as the SDN and DRN. Refers to the document number on the line of accounting
- **TA-** Type of action
- **FINLOG-** Web based program used to access STANFINS
- **LIW-** Web based program used to access STANFINS

STANFINS

TYPE ACTION (TA) CODES

20 Obligation, Accrual and Disbursement

21 Obligation and Accrual

23 Obligation ONLY

32 Accrual

41 Disbursement by other (TFO)

DON	FY	APC	EOR	TA	AMOUNT	BLK	DATE	DOV
W6J AL462301003	6	4QA3	26EN	32	\$8,802.40	FAI	1/11/2007	
W6J AL462301003	6	4QA3	26EN	41	\$8,802.40	TSD	1/10/2007	275528
W6J AL462301003	6	4QA3	26EN	23	\$166,240.00	DLJ	9/11/2006	
W6J AL462301003	6	4QA3	26EN	23	\$8,802.40	DLC	9/6/2006	

NXG and LXG Query for document number

W05AZ961860001

NXG QUERY

DON	FY	APC	EOR	TA	AMOUNT	BLK	DATE	DOV
W05AZ961860001	6	4QA3	258A	32	\$775,000.00	FAM	12/27/2006	
W05AZ961860001	6	4QA3	258A	41	\$775,000.00	TSN	12/21/2006	275259
W05AZ961860001	6	4QA3	258A	32	\$775,000.00	FAI	1/11/2007	
W05AZ961860001	6	4QA3	258A	41	\$775,000.00	TSD	1/10/2007	275580
W05AZ961860001	6	4QA3	258A	23	\$4,650,000.00	DLN	9/15/2006	

LXG QUERY

DON	DEPT	FY	L	BS	LIMIT	OA	ASN	EBP	EOE	FSN	LXG	APC	ODC	OBLI D	ACCRU	DISB	OBLI	ACCR	DISB
	LXG	XG			LXG	LXG						LXG		TE	DTE	DTE			
W05AZ961860001	21	6	2020	0	76	2084	1350	258A			9076	40A3	2	6258	7011	7010	4650000	1550000	1550000

Check on learn



Q: What does it mean to Pre-Validate?

A. The process of matching the planned disbursement with a recorded obligation before the financing or invoice payment is made.

Q: What are the methods used to pre-validate?

A. STANFINS, FINLOG, LIW, ODS, BRC, DYNACOMM, Direct Contact, Emails

Q: What is a TA 32?

A. Accrual

Q: What is a TA 23

A. Obligation

Q: What is a TA 41

A. Disbursement

TYPES OF CONTRACTS

- **SF 1449 Solicitation/Contract/Order for Commercial Items**
- **DD Form 1155 Order for Supplies or Services**
- **SF 44 Purchase Order**
- **SF 33 Solicitation, Offer, and Award**

TYPES OF CONTRACTS

- **Memorandums of Agreement (MOA's)- Prepared by Project Purchasing Officers**
- **SF 30, Amendment of Solicitation/Modification of Contracts- most contracts have several MODs. Must be able to read and determine what the MOD is trying to do and what line of accounting to use.**

SF1449

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30				1. REQUISITION NUMBER W52-DR-42810687		PAGE 1 OF	
2. CONTRACT NO. W48-HF-00-D-3939		3. AWARD/EFFECTIVE DATE		4. ORDER NUMBER 0001		5. SOLICITATION NUMBER	
7. FOR SOLICITATION INFORMATION CALL:		8. NAME HOOSUR DADDY, OWNER		9. TELEPHONE NUMBER (No collect calls) 266-9875		6. SOLICITATION ISSUE DATE 02 FEB XX	
9. ISSUED BY CENTRAL CONTRACTING CFLCC FORWARD, IRAQ		CODE		10. THIS ACQUISITION IS <input type="checkbox"/> UNRESTRICTED OR <input type="checkbox"/> SET ASIDE: % FOR: <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> EMERGING SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS <input type="checkbox"/> BIA		8. OFFER DUE DATE/LOCAL TIME 20 MAY XX	
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE		12. DISCOUNT TERMS NET 30		13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) <input type="checkbox"/>		13b. RATING	
15. DELIVER TO		CODE		16. ADMINISTERED BY SEE ITEM 9		14. METHOD OF SOLICITATION <input type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP	
17a. CONTRACTOR/OFFEROR HYWADI CONSTRUCTION BAGHDAD, IRAQ		CODE		18a. PAYMENT WILL BE MADE BY 15TH FB BAGHDAD, IRAQ		CODE	
TELEPHONE NO.		17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER <input type="checkbox"/>		18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM			
19. ITEM NO. 0001	20. SCHEDULE OF SUPPLIES/SERVICES CONCRETE DIVIDER			21. QUANTITY 100	22. UNIT 1	23. UNIT PRICE \$400.00	24. AMOUNT \$40,000.00
(Use Reverse and/or Attach Additional Sheets as Necessary)							
25. CONTRACT NUMBER AND APPROPRIATE DATE 2102020 50-0847 117500 3250 W52-DR-42810687 20EB SD5078 \$40,000.00				26. TOTAL AWARD AMOUNT (For Govt. Use Only)			
27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4, FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED				27b. CONTRACT/PURCHASE ORDER INCORPORATED BY REFERENCE FAR 52.212-4, FAR 52.212-3 IS ATTACHED. ADDENDA <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED			
28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED.				29. AWARD BY CONTRACT REF. 02 FEB XX DATED 02 FEB XX YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS.			
30a. SIGNATURE OF OFFEROR/CONTRACTOR HOOSUR DADDY				31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) HOOSUR DADDY			
30b. NAME AND TITLE OF SIGNER (Type or print) HOOSUR DADDY, OWNER		30c. DATE SIGNED 4 MAR XX		31b. NAME OF CONTRACTING OFFICER (Type or print) TOMLER, CONTRACTING OFFICER		31c. DATE SIGNED 4 MAR XX	

SF 1449 TOP PORTION

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS				1. REQUESTION NUMBER W52-LR-42810037		PAGE 1 OF	
2. CONTRACT NO. W43-HF-08-D-3939		3. AWARD/EFFECTIVE DATE		4. ORDER NUMBER 0001		5. SOLICITATION NUMBER	
6. SOLICITATION ISSUE DATE 02 FEB XX		7. FOR SOLICITATION INFORMATION CALL:		8. NAME HOOVER DADDY, OWNER		9. TELEPHONE NUMBER (No collect calls) 266-9575	
9. OFFER DUE DATE/LOCAL TIME 20 MAY XX		9. ISSUED BY CENTRAL CONTRACTING CFLCC FORWARD, IRAQ		10. THIS ACQUISITION IS <input type="checkbox"/> UNRESTRICTED OR <input type="checkbox"/> SET ASIDE: % FOR: <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> EMERGING SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS <input type="checkbox"/> S(A)		11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE	
12. DISCOUNT TERMS NET 30		13. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) <input type="checkbox"/>		13a. RATING		14. METHOD OF SOLICITATION <input type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP	
15. DELIVER TO CODE		16. ADMINISTERED BY SEE ITEM 9		17a. CONTRACTOR/OFFEROR HYVADI CONSTRUCTION BAGHDAD, IRAQ		18a. PAYMENT WILL BE MADE BY 15TH FB BAGHDAD, IRAQ	
17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN		18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK		TELEPHONE NO.			

SF 1449 MIDDLE

TELEPHONE NO.

☐ 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER

18a. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK
BELOW IS CHECKED ☐

SEE ADDENDUM

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
0001	CONCRETE DIVIDER	100	1	\$400.00	\$40,000.00
(Use Reverse and/or Attach Additional Sheets as Necessary)					

(Use Reverse and/or Attach Additional Sheets as Necessary)

29. ACCOUNTING PRINCIPLES AND PROCEDURES

2102020 50-0847 117500 3230 W53-DR-42810887 2018 509078 \$40,000.00

18. TOTAL AWARD AMOUNT (For Govt. Use Only)

37a. SOLICITATION INCORPORATES BY REFERENCE PAR 52.212-1, 52.212-4, PAR 52.212-5 AND 52.212-6 ARE ATTACHED. AGENDA

13

ARE NOT ATTACHED

SF 1449 BOTTOM

25. ACCOUNTING AND APPROPRIATION DATA

2102020 50-1847 117500 3230 W52-FR-02-10087 20FEB S09078 \$40,000.00

26. TOTAL AWARD AMOUNT (For Govt. Use Only)

<input type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4, FAR 52.212-5 AND 52.212-5 ARE ATTACHED. ADDENDA	<input type="checkbox"/> ARE	<input type="checkbox"/> ARE NOT ATTACHED
<input type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4, FAR 52.212-5 IS ATTACHED. ADDENDA	<input type="checkbox"/> ARE	<input type="checkbox"/> ARE NOT ATTACHED
<input type="checkbox"/> 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED	<input type="checkbox"/> 29. AWARD OF CONTRACT, REF. PRC3939 02 FEB XX OFFER DATED _____, YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:	

30a. SIGNATURE OF OFFEROR/CONTRACTOR

///SIGNED///

31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)

///SIGNED///

30b. NAME AND TITLE OF SIGNER (Type or print)

HOOSE DADDY, OWNER

30c. DATE SIGNED

4 MAR XX

31b. NAME OF CONTRACTING OFFICER (Type or print)

TOM LEE, CONTRACTING OFFICER

31c. DATE SIGNED

4 MAR XX

AUTHORIZED FOR LOCAL REPRODUCTION

PREVIOUS EDITION IS NOT USABLE

STANDARD FORM 1449 (Rev. 3/2005)

Prescribed by GSA - FAR (48 CFR) 53.212

NAME 1-56

DD FORM 1155 JAN 1993

PORTABLE PATTERN MAY BE USED

MMYJ

For training purposes only

DD FORM 1155 TOP

ORDER FOR SUPPLIES OR SERVICES (Contractor must submit four copies of invoice)				Form Approved OMB No. 0704-0187 Expires Jun 30, 1997		PAGE 1 OF 1	
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.							
PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES. SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.							
1. CONTRACT/PURCH ORDER NO. DFA SE U-04-P-4321		2. DELIVERY ORDER NO.		3. DATE OF ORDER (YYMMDD) 8/30/04		4. REQUISITION/PURCH REQUEST NO.	
5. PRIORITY		6. ISSUED BY CODE		7. ADMINISTERED BY (if other than 6) CODE		8. DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER (See Schedule if other)	
5TH CORPS SUPPORT CENTER DIRECTORATE OF SUPPORT SERVICES Bldg 381 Campbell Barracks Heidelberg, APO AE 09244							
9. CONTRACTOR CODE		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD)		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED	
• Krans Medical NAME AND ADDRESS Kirchplatz 2 25637 Bischofsheim • Germany				12. DISCOUNT TERMS NET 30			
				13. MAIL INVOICES TO See Block 15			
14. SHIP TO CODE		W90KU7		15. PAYMENT WILL BE MADE BY CODE		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
113th Hospital Bldg 671 Rommel Kaseme Nurnberg, Germany				Defense Finance & Accounting Service Kleber Kaserne, GEB. 3209 ATTN LW Mannheimer Str. 218/219 67657 Kaiserslautern, Germany			
16. DELIVERY TYPE OF ORDER		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.					
PURCHASE		Reference your					
<input checked="" type="checkbox"/>		furnish the following on terms specified herein.					
		ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.					
Krans Medical		Brigitte Danielle		Brigitte Danielle		"Dated"	
NAME OF CONTRACTOR		SIGNATURE		TYPED NAME AND TITLE		DATE SIGNED (YYMMDD)	
<input type="checkbox"/>		If this box is marked, supplier must sign Acceptance and return the following number of copies:					
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE							
214203023456859500P202831 26AR ACDF 00 00ACDF CHR56762902345ACDF 015202 19,600.00							
18.		19.		20. QUANTITY		21. 22. 23.	

DD FORM 1155 BOTTOM

18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
1	Sun Screen	100	Cs	96.00	9600.00
2	Roloids	200	Cs	50.00	10000.00
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.		24. UNITED STATES OF AMERICA Diana Lane BY: Diana Lane, GS-12 CONTRACTING/ORDERING OFFICER			25. TOTAL 19,600.00
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED _____ DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE		27. SHIP. NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	28. D.O. VOUCHER NO. 32. PAID BY	29. DIFFERENCES 30. INITIALS	33. AMOUNT VERIFIED CORRECT FOR 34. CHECK NUMBER 35. BILL OF LADING NO.
36. I certify this account is correct and proper for payment. _____ DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER		31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	41. S/R ACCOUNT NUMBER	42. S/R VOUCHER NO.	
37. RECEIVED AT	38. RECEIVED BY(Print)	39. DATE RECEIVED (YYMMDD)	40. TOTAL CONTAINERS		

PURCHASE ORDER-INVOICE-VOUCHER

DATE OF ORDER		ORDER NO.		
7 APR **		127-167		
PRINT NAME AND ADDRESS OF SELLER (Number, Street, City, and State)*				
JOHNSON OFFICE SUPPLY				
1245 LEE ROAD				
RICHMOND HILL, GA 31324				
FURNISH SUPPLIES OR SERVICES TO (Name and address)				
HQ S, 1/91ST MECH INF				
ATTN: SI, ADJ				
FORT STEWART, GA 31314				
SUPPLIES OR SERVICES		QUANTITY	UNIT PRICE	AMOUNT
Paper, 11 x 14		5 pk	3.50	17.50
Ribbons, Panasonic		10 ea.	5.00	50.00
PAYMENT DUE DATE: 10 MAY **				
AGENCY NAME AND BILLING ADDRESS*			TOTAL \$67.50	
OPERATING LOCATION			DISCOUNT TERMS	
ATTN: ACCOUNTS PAYABLE			NET % 30 DAYS	
FORT STEWART, GA 31314			DATE INVOICE RECEIVED	
ORDERED BY (Signature and title)				
R. P. Frazier MAJ, IN				
PURPOSE AND ACCOUNTING DATA				
21* 2020 76-9505 117096.Z0-26EB W 913BD*097006/A 111 S09076 \$67.50				
PURCHASER - To sign below for				
RECEIVED BY				
B. Davis				
TITLE CPT, AG ADJUTANT				DATE 10 APR **
SELLER - Please read instructions on Copy 2				
<input type="checkbox"/> PAYMENT RECEIVED		<input checked="" type="checkbox"/> PAYMENT REQUESTED \$67.50		
NO FURTHER INVOICE NEED BE SUBMITTED				
SELLER BY: Jack Lennon J LENNON SIGNATURE				DATE 10 APR **
I certify that this account is correct and proper for payment in the amount of		DIFFERENCES		
-\$67.50 -				
James R. Richardson JAMES R. RICHARDSON LTCFC OH LOC (Authorized certifying officer)		AMOUNT VERIFIED: CORRECT FOR		\$67.50
		BY H AB		
PAID BY CASH		DATE PAID		VOUCHER NO
OR				

PURCHASE ORDER

*** PLEASE INCLUDE ZIP CODE 1. SELLER'S INVOICE STANDARD FORM 41a (Rev. 1083) PRESCRIBED BY GSA FAR (48CFR) 53.213(c)**

WHAT IS A RECEIVING REPORT

- ❖ Receiving Report is written evidence that indicates Government acceptance of supplies delivered or services performed. (FAR Part 2.101)

REQUIRED INFORMATION ON THE RECEIVING REPORT

The receiving report or other Government documentation authorizing payment must, as a minimum, include the following:

- **Complete name and address of the contractor**
- **Contract number**
- **Description of supplies delivered or services performed**

REQUIRED INFORMATION ON THE RECEIVING REPORT

The receiving report or other Government documentation authorizing payment must, as a minimum, include the following:

- **received date- the date the supplies were delivered/received or services performed, not necessarily the date they were accepted**
- **acceptance date- the date supplies or services were actually accepted by the designated government official**
- **Signature, printed name, title, mailing address, and telephone number of the designated Government official responsible for acceptance or approval functions. (FAR 32.905)**

DIFFERENT TYPES OF RECEIVING REPORTS

- ❖ **DD Form 250 Material Inspection and Receiving Report**
- ❖ **DD 1155 Copy 8**
- ❖ **SF 1449 Solicitation/Contract/Order for Commercial Items**
- ❖ **SF 44 Purchase Order**
- ❖ **Invoices as Receiving Reports**

DD FORM 250

RECEIVING REPORT

MATERIAL INSPECTION AND RECEIVING REPORT				Form Approved OMB No. 0704-0248		
<p>Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0248), Washington, DC 20503.</p> <p>PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES.</p> <p>SEND THIS FORM IN ACCORDANCE WITH THE INSTRUCTIONS CONTAINED IN THE DFARS, APPENDIX F-401.</p>						
1. PROC. INSTRUMENT IDEN. (CONTRACT) DAFI01-**-C-4195		(ORDER) NO.	6. INVOICE NO./DATE	7. PAGE	OF	8. ACCEPTANCE POINT
2. SHIPMENT NO. 72-85	3. DATE SHIPPED 10 OCT **	4. B/L TCN		5. DISCOUNT TERMS 5/10, N/30		
9. PRIME CONTRACTOR HARDWARE SUPPLIES R US 3030 CANNADY AVE. PEMBROKE, GA 31321		CODE	10. ADMINISTERED BY CONTRACTING AND PROCUREMENT FORT STEWART, GA 31314		CODE	
11. SHIPPED FROM (If other than 9) CODE	FOB:	12. PAYMENT WILL BE MADE BY OPERATING LOCATION ATTN: ACCOUNTS PAYABLE FORT STEWART, GA 31314	CODE			
13. SHIPPED TO DPW BLDG 400 FORT STEWART, GA 31314		CODE	14. MARKED FOR		CODE	

DD FORM 250 BOTTOM

15. ITEM	16. STOCK/PART NO. <i>(Indicate number of shipping containers - type of container - container number.)</i>	17. QUANTITY SHIP/REC'D*	18. UNIT	19. UNIT PRICE	20. AMOUNT
OOO1	CONCRETE READY MIX, STANDARD //////RECEIVED IN OPLOC\\\\\\ //////ACCOUNTS PAYABLE\\\\\\ //////18 OCT **\\\\\\\\\\\\\\\\\\\\\\	10	Cu yd	150.00	1,500.00
21. CONTRACT QUALITY ASSURANCE			22. RECEIVER'S USE		
<input type="checkbox"/> CQA <input type="checkbox"/> ACCEPTANCE of listed items has been made by me or under my supervision and they conform to contract, except as noted herein or on supporting documents.		<input type="checkbox"/> CQA <input type="checkbox"/> ACCEPTANCE of listed items has been made by me or under my supervision and they conform to contract, except as noted herein or on supporting documents.		Quantities shown in column 17 were received in apparent good condition except as noted.	
DATE _____ SIGNATURE OF AUTH GOVT REP _____		DATE RECEIVED ** 18 Oct		SIGNATURE OF AUTH GOVT REP Dennis Roman	
TYPED NAME AND OFFICE _____		TYPED NAME AND OFFICE _____		PBO, GM13	
23. CONTRACTOR USE ONLY		* If quantity received by the Government is the same as quantity shipped, indicate by (✓) mark if different, enter actual quantity received below quantity shipped and encircle.			
<div style="text-align: center; border: 2px solid black; padding: 10px;">ACCEPTANCE OF GOODS (AOG) ONLY!!!</div>					

DD Form 250, NOV 92 Previous edition may be used. USAPPC V1.00

DATE ACCOUNTS
PAYABLE REC'D
THE R/R

RECEIPT
OF GOODS
(ROG)

ONLY!!!

ACCEPTANCE OF GOODS
(AOG)
ONLY!!!

DD
FORM
1155
COPY 8

ORDER FOR SUPPLIES OR SERVICES (Contractor must submit four copies of invoice.)						Form Approved OMB No. 0704-0187 Expires Dec 31, 1993		PAGE 1 OF					
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.													
PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES. SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.													
1. CONTRACT/PURCH ORDER NO. DAFI01-**-M-1589			2. DELIVERY ORDER NO. 0009		3. DATE OF ORDER (YYMMDD) **DEC23		4. REQUISITION/PURCH REQUEST NO. PRC 2404		5. PRIORITY				
6. ISSUED BY DIRECTOR, PURCHASING AND CONTRACTING (DOC) HQ, 1/91ST MECH INF FORT STEWART, GA 31314			7. ADMINISTERED BY (If other than 6)		CODE		8. DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER (See Schedule if other)		11. MARK IF BUSINESS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNE				
9. CONTRACTOR NAME AND ADDRESS CONSTRUCTION OR US 129 W. 22ND STREET GLENNVILLE, GA 30427			FACILITY CODE		10. DELIVER TO FOB POINT BY (YYMMDD) **0101		12. DISCOUNT TERMS NET 30		13. MAIL INVOICES TO See Item 15				
14. SHIP TO POST HOSPITAL BUILDING 163 FORT STEWART, GA 31314			15. PAYMENT WILL BE MADE BY OPERATING LOCATION ATTN: COMMERCIAL VENDOR SERVICES FORT STEWART, GA 31314		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER								
16. TYPE OF ORDER		DELIVERY <input checked="" type="checkbox"/> This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. PURCHASE <input type="checkbox"/> Reference your <input type="checkbox"/> furnish the following on terms specified ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.											
NAME OF CONTRACTOR		SIGNATURE		TYPED NAME AND TITLE		DATE SIGNED (YYMMDD)							
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:													
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE 21*2020 74-7406 847792.63-25CZ W91HOS*3571589/HBBA S09076													
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ACCEPTED*		21. UNIT		22. UNIT PRICE		23. AMOUNT		
0001		Repair of Hospital heating and blowing system			1		job		\$163.00		\$163.00		
		RECEIVED IN OPLOC ACCOUNTS PAYABLE 30 DEC **											
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA BY: A. N. CANNADY GS 12 A. N. Cannady CONTRACTING/ORDERING OFFICER				25. TOTAL \$163.00					
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED 29 Dec ** Larry Hagman DATE SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE				27. SHIP. NO. 1729-** <input type="checkbox"/> PARTIAL <input checked="" type="checkbox"/> FINAL		28. D.O. VOUCHER NO.		29. DIFFERENCES		30. INITIALS			
31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL				32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR		34. CHECK NUMBER		35. BILL OF LADING NO.			
36. I certify this account is correct and proper for payment. DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER				38. RECEIVED BY (Print) Jerry Burch		39. DATE RECEIVED (YYMMDD) **DEC29		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.	

DD FORM 1155 COPY 8 BOTTOM

BLOCKS 26, 27, and 36 are
MANDATORY BLOCK

ONLY SIGNATURE
= ROG

<p>* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.</p> <p>26. QUANTITY IN COLUMN 20 HAS BEEN</p> <p><input type="checkbox"/> INSPECTED <input checked="" type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED</p>		<p>24. UNITED STATES OF AMERICA</p> <p>A. N. Cannady BY: A.N. CANNADY GS 12 CONTRACTING/ORDERING OFFICER</p>		<p>25. TOTAL \$163.00</p> <p>29. DIFFERENCES</p>
<p>27. SHIP. NO. 1729-**</p> <p><input type="checkbox"/> PARTIAL <input checked="" type="checkbox"/> FINAL</p>		<p>28. D.O. VOUCHER NO.</p>	<p>30. INITIALS</p>	<p>33. AMOUNT VERIFIED CORRECT FOR</p>
<p>36. I certify this account is correct and proper for payment.</p> <p>DATE 29 Dec ** SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE LARRY HAGMAN</p>		<p>31. PAYMENT</p> <p><input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input checked="" type="checkbox"/> FINAL</p>		<p>34. CHECK NUMBER</p> <p>35. BILL OF LADING NO.</p>
<p>38. RECEIVED Bldg 163</p>	<p>39. RECEIVED BY(Print) Jerry Burch</p>	<p>39. DATE RECEIVED (YYMMDD) **DEC29</p>	<p>40. TOTAL CONTAINERS</p>	<p>41. S/R ACCOUNT NUMBER</p>
				<p>42. S/R VOUCHER NO.</p>

DD FORM 1155, APR 93

PREVIOUS EDITION MAY BE USED.

8

USAPPC V1.00

BLOCKS 38& 39
NOT MANDATORY

SIGNATURE & DATE
= ROG

BLOCK 26 = AOG

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
<h1>SF 1449 BOTTOM</h1>					

Blocks #32a, 32b, 32c, and 33

32a. QUANTITY IN COLUMN 21 HAS BEEN					
<input type="checkbox"/> RECEIVED <input type="checkbox"/> INSPECTED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED: _____					
32b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE		32c. DATE	32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE		
32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE			32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE		
			32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE		
33. SHIP NUMBER	34. VOUCHER NUMBER	35. AMOUNT VERIFIED CORRECT FOR	36. PAYMENT		37. CHECK NUMBER
<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL 38. S/R ACCOUNT NO.	39. S/R VOUCHER NUMBER	40. PAID BY	<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		
41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT			42a. RECEIVED BY (Print)		
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER		41c. DATE	42b. RECEIVED AT (Location)		
			42c. DATE REC'D (YY/MM/DD)		42d. TOTAL CONTAINERS

SF 44

U S GOVERNMENT PURCHASE ORDER-INVOICE E-VOUCHER

DATE OF ORDER 7 APR **		ORDER NO. 127-167																																																																				
PRINT NAME AND ADDRESS OF SELLER (Number, Street City, and State)* PAGE Johnson Office Supply 1245 Lee Road Richmond Hill, GA 31324	FURNISH SUPPLIES OR SERVICES TO (Name and address) HQ S, 1/91ST MECH INF ATTN: SL ADJ FORT STEWART, GA 31314																																																																					
	<table border="1"> <thead> <tr> <th>SUPPLIES OR SERVICES</th> <th>QUANTITY</th> <th>UNIT PRICE</th> <th>AMOUNT</th> </tr> </thead> <tbody> <tr> <td>Paper, 11 x 14</td> <td>5 pk</td> <td>3.50</td> <td>17.50</td> </tr> <tr> <td>Ribbons, Panasonic</td> <td>10 ea.</td> <td>5.00</td> <td>50.00</td> </tr> <tr> <td colspan="4" style="text-align: center;"> ////RECEIVED IN O F LOC//// ////ACCOUNTS PAYABLE//// ////////15 APR**//////// </td> </tr> <tr> <td colspan="4"> PAYMENT DUE DATE: 10 MAY ** </td> </tr> <tr> <td colspan="2">AGENCY NAME AND BILLING ADDRESS* OPERATING LOCATION ATTN: ACCOUNTS PAYABLE FORT STEWART, GA 31314 PAYER</td> <td colspan="2"> TOTAL \$67.50 DISCOUNT TERMS NET % 30 DAYS DATE INVOICE RECEIVED </td> </tr> <tr> <td colspan="4">ORDERED BY (Signature and title) R.P. Frazier MAJ, IN</td> </tr> <tr> <td colspan="4">PURPOSE AND ACCOUNTING DATA 21*2020 76-9505 11 7096.Z0-26EB W 913BD*097006/A 111 S09076 \$ 67.50</td> </tr> <tr> <td colspan="4">PURCHASER - To sign below for</td> </tr> <tr> <td colspan="4">RECEIVED BY B. Davis</td> </tr> <tr> <td colspan="2">TITLE CPT, AG ADJUTANT</td> <td colspan="2">DATE 10 APR **</td> </tr> <tr> <td colspan="4">SELLER - Please read instructions on Copy 2</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> PAYMENT RECEIVED</td> <td colspan="2"><input checked="" type="checkbox"/> PAYMENT REQUESTED \$67.50</td> </tr> <tr> <td colspan="4">NO FURTHER INVOICE NEED BE SUBMITTED</td> </tr> <tr> <td colspan="2">SELLER BY: Jack Lennon SIGNATURE</td> <td colspan="2">DATE 10 APR **</td> </tr> <tr> <td colspan="2">I certify that this account is correct and proper for payment in the amount of \$67.50 James R. Richardson JAMES R. RICHARDSON LTC EC, O2LOC (Authorized certifying officer)</td> <td colspan="2">DIFFERENCES AMOUNT VERIFIED CORRECT FOR \$67.50 BY HAB</td> </tr> <tr> <td>PAID BY CASH OR</td> <td>DATE PAID</td> <td colspan="2">VOUCHER NO.</td> </tr> </tbody></table>			SUPPLIES OR SERVICES	QUANTITY	UNIT PRICE	AMOUNT	Paper, 11 x 14	5 pk	3.50	17.50	Ribbons, Panasonic	10 ea.	5.00	50.00	////RECEIVED IN O F LOC//// ////ACCOUNTS PAYABLE//// ////////15 APR**////////				PAYMENT DUE DATE: 10 MAY **				AGENCY NAME AND BILLING ADDRESS* OPERATING LOCATION ATTN: ACCOUNTS PAYABLE FORT STEWART, GA 31314 PAYER		TOTAL \$67.50 DISCOUNT TERMS NET % 30 DAYS DATE INVOICE RECEIVED		ORDERED BY (Signature and title) R.P. Frazier MAJ, IN				PURPOSE AND ACCOUNTING DATA 21*2020 76-9505 11 7096.Z0-26EB W 913BD*097006/A 111 S09076 \$ 67.50				PURCHASER - To sign below for				RECEIVED BY B. Davis				TITLE CPT, AG ADJUTANT		DATE 10 APR **		SELLER - Please read instructions on Copy 2				<input type="checkbox"/> PAYMENT RECEIVED		<input checked="" type="checkbox"/> PAYMENT REQUESTED \$67.50		NO FURTHER INVOICE NEED BE SUBMITTED				SELLER BY: Jack Lennon SIGNATURE		DATE 10 APR **		I certify that this account is correct and proper for payment in the amount of \$67.50 James R. Richardson JAMES R. RICHARDSON LTC EC, O2LOC (Authorized certifying officer)		DIFFERENCES AMOUNT VERIFIED CORRECT FOR \$67.50 BY HAB		PAID BY CASH OR	DATE PAID	VOUCHER NO.
SUPPLIES OR SERVICES	QUANTITY	UNIT PRICE	AMOUNT																																																																			
Paper, 11 x 14	5 pk	3.50	17.50																																																																			
Ribbons, Panasonic	10 ea.	5.00	50.00																																																																			
////RECEIVED IN O F LOC//// ////ACCOUNTS PAYABLE//// ////////15 APR**////////																																																																						
PAYMENT DUE DATE: 10 MAY **																																																																						
AGENCY NAME AND BILLING ADDRESS* OPERATING LOCATION ATTN: ACCOUNTS PAYABLE FORT STEWART, GA 31314 PAYER		TOTAL \$67.50 DISCOUNT TERMS NET % 30 DAYS DATE INVOICE RECEIVED																																																																				
ORDERED BY (Signature and title) R.P. Frazier MAJ, IN																																																																						
PURPOSE AND ACCOUNTING DATA 21*2020 76-9505 11 7096.Z0-26EB W 913BD*097006/A 111 S09076 \$ 67.50																																																																						
PURCHASER - To sign below for																																																																						
RECEIVED BY B. Davis																																																																						
TITLE CPT, AG ADJUTANT		DATE 10 APR **																																																																				
SELLER - Please read instructions on Copy 2																																																																						
<input type="checkbox"/> PAYMENT RECEIVED		<input checked="" type="checkbox"/> PAYMENT REQUESTED \$67.50																																																																				
NO FURTHER INVOICE NEED BE SUBMITTED																																																																						
SELLER BY: Jack Lennon SIGNATURE		DATE 10 APR **																																																																				
I certify that this account is correct and proper for payment in the amount of \$67.50 James R. Richardson JAMES R. RICHARDSON LTC EC, O2LOC (Authorized certifying officer)		DIFFERENCES AMOUNT VERIFIED CORRECT FOR \$67.50 BY HAB																																																																				
PAID BY CASH OR	DATE PAID	VOUCHER NO.																																																																				

RECEIVING
REPORT



DATE OF
DELIVERY



Invoices used as Receiving Reports

- ❖ A Vendor's invoice can be used as a receiving report if the contract provides use of Government Certified Invoices instead of a separate receiving report. The invoice must be date stamped upon receipt by the office indicated on the contract to receive the invoice. In addition, the stamp must identify the office (i.e. not merely be a date stamp).

Invoices used as Receiving Reports

- ❖ **If you are accepting the vendor's performance or delivery by using a Government Certified Invoice, include the statement: " I certify that the goods/services have been received and accepted on (day, month, year)." This statement may be on an invoice, delivery ticket, voucher, or separate piece of paper and must contain printed name, title, telephone number, date, and signature of the government official authorized to receive and accept the supplies or services.**

INVOICES

Minimum information on invoices:

- ❖ **Name and address of vendor**
- ❖ **Invoice number**
- ❖ **Invoice date**
- ❖ **Contract number**

INVOICES

Minimum information on invoices:

- ❖ **Description, quantity, unit of measure, unit price and total amount**
- ❖ **Shipping and payment terms**
- ❖ **Name of office to make payment**

INVOICES

Minimum information on invoices :

- ❖ If we do not receive the original, must state, “certified copy of the original” and signed**
- ❖ Check payment info (if requested)**
- ❖ EFT info (if requested)**

**CONSTRUCTION OR US
129 WEST 22ND STREET
GLENNVILLE, GA 30427**

**UNITED STATES ARMY
HQS, 1/91ST MECH INF
ATTN: ACCOUNTS PAYABLE
FORT STEWART, GA 31314**

INVOICE 29 Dec **
DATE:

ORDER NA
DATE::

ORDER **DAF I01-**-M-1589**
NUMBER:

INVOICE NUMBER
MUST APPEAR ON ALL
P.O., PACKING
SLIPS & PACKAGES
CUSTOMER NO:

GOVT-1002C

Received in OPLOC
Accounts Payable
2 JAN **

Received in DOC
30 DEC **

Thank You For Your Order!

TOTAL DUE:

\$ 163.00

NOTE : All documents are date stamped when received. The vendor's format may vary from this example, however, regardless of the format, the same basic information must be displayed

**U. S. GOVERNMENT
PURCHASE ORDER-INVOICE-VOUCHER**

DATE OF ORDER 7 APR **		ORDER NO. 127-167	
PRINT NAME AND ADDRESS OF SELLER (Number, Street, City, and State)* <div style="display: flex; justify-content: space-between;"> <div style="width: 20px; text-align: center; font-weight: bold;">DATE</div> <div> Johnson Office Supply 1245 Lee Road Richmond Hill, GA 31324 </div> </div>			
FURNISH SUPPLIES OR SERVICES TO (Name and address) HQS 1/91ST MECHINF ATIN: SI, ADJ FORT STEWART, GA 31314			
SUPPLIES OR SERVICES		QUANTITY	UNIT PRICE
Paper, 11x 14		5 pk	3.50
Ribbons, Panasonic		10 ea	5.00
////RECEIVED IN OPLOC//// ////ACCOUNTS PAYABLE//// /////////15 APR **/////////			
PAYMENT DUE DATE: 10 MAY **			
AGENCY NAME AND BILLING ADDRESS*		TOTAL \$67.50	
<div style="display: flex; justify-content: space-between;"> <div style="width: 20px; text-align: center; font-weight: bold;">FAVOR</div> <div> OPERATING LOCATION ATIN: ACCOUNTS PAYABLE FORT STEWART, GA 31314 </div> </div>		DISCOUNT TERMS NET % 30 DAYS	
		DATE INVOICE RECEIVED	
ORDERED BY (Signature and title) R.P. Frazier MAJ, IN			
PURPOSE AND ACCOUNTING DATA 2F*2020769505 117096Z026EBW913BD*097006/A111S09076 \$67.50			
PURCHASER - To sign below for			
RECEIVED BY B. Davis			
TITLE CPT, AG ADJUTANT			DATE 10 APR **
SELLER - Please read instructions on Copy 2			
<input type="checkbox"/> PAYMENT \$ RECEIVED		<input checked="" type="checkbox"/> PAYMENT REQUESTED \$67.50	
NO FURTHER INVOICE NEED BE SUBMITTED			
SELLER BY: <u>Jack Lennon</u> J LENNON SIGNATURE		DATE 10 APR **	
I certify that this amount is correct and proper for payment in the amount of \$67.50 James R. Richardson JAMES R. RICHARDSON, LTC EC, OPLOC (Authorized certifying officer)		DIFFERENCES	
		AMOUNT VERIFIED: CORRECT FOR \$67.50 BY HAB	
PAID BY CASH OR	DATE PAID	VOUCHER NO.	

INVOICE

DATE OF INVOICE

* PLEASE INCLUDE ZIP CODE

1. SELLER'S INVOICE

STANDARD FORM 44a (Rev. 10-83)
 PRESCRIBED BY GSA
 FAR (48 CFR) 53.213(c)

TYPES OF PAID VOUCHERS

- **SF 1034 Public Voucher for Purchases and Services other than Personal**
- **DD Form 1155 Order for Supplies or Services**
- **SF 44 Public Voucher**

SF 1034

Standard Form 1034 Revised October 1987 Department of the Treasury 1. TFM 4-2000 1034-121		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL				VOUCHER NO.			
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION DEPARTMENT OF THE ARMY DEFENSE ACCOUNTING OFFICE FORT STEWART, GA 31321			DATE VOUCHER PREPARED 15 APR **		SCHEDULE NO. PAID BY 23rd Finance BN Fort Stewart, GA 31314 DSSN: 6348				
			CONTRACT NUMBER AND DATE DAFI01-**-C-4195						
			REQUISITION NUMBER AND DATE PRC 6250						
PAYEE'S NAME AND ADDRESS Johnson Office Supply 1245 Lee Road Richmond Hill, GA 31324					DATE INVOICE RECEIVED 15 APR **				
					DISCOUNT TERMS N/30				
					PAYEE'S ACCOUNT NUMBER NONE				
					GOVERNMENT B/L NUMBER				
SHIPPED FROM			TO		WEIGHT				
NUMBER AND DATE OF ORDER		DATE OF DELIVERY OR SERVICE		ARTICLES OR SERVICES <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>		QUAN- TITY	UNIT PRICE COST PER		AMOUNT (1)
127-167		10 APR **		PER DETAILED BILL HEREWITH ATTACHED DATED 10 APR **				67.50	
PAYMENT DUE DATE: 10 MAY **									
(Use continuation sheet(s) if necessary)									
(Payee must NOT use the space below)								TOTAL	67.50
PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input checked="" type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		APPROVED FOR = \$		EXCHANGE RATE = \$1.00		DIFFERENCES		67.50	
		BY 2						67.50	
		TITLE				Amount verified; correct for (Signature or initials)		67.50	
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.									
(Date)			JAMES R. RICHARDSON, LTC, FC (Authorized Certifying Officer) 2			DEFENSE ACCOUNTING OFFICER (Title)			
ACCOUNTING CLASSIFICATION 21*2020 76-9505 117096.Z0-26EB W913BD*0970067//A111 S09076 \$67.50									
CHECK NUMBER		ON ACCOUNT OF U.S. TREASURY FOR \$67.50		CHECK NUMBER		ON (Name of bank)			
CASH \$		DATE		PAYEE 3					
1 When stated in foreign currency, insert name of currency. 2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title. 3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary," or "Treasurer," as the case may be.						PER TITLE			

Previous edition usable

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

NSN 7540-00-900-2234

USAPPC V1.00

SF 1034 TOP

Standard Form 1034 Revised October 1987 Department of the Treasury 1 TFM 4-2000 1034-121		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL		VOUCHER NO.		
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION DEPARTMENT OF THE ARMY OPERATING LOCATION FORT STEWART, GA 31321			DATE VOUCHER PREPARED 18 OCT **		SCHEDULE NO.	
			CONTRACT NUMBER AND DATE DAFI01.**-C-4195		PAID BY 23rd Finance BN Fort Stewart, GA 31314 DSSN: 6348	
			REQUISITION NUMBER AND DATE PRC 6250			
PAYEE'S NAME AND ADDRESS [<div> HARDWARE SUPPLIES R US 3030 CANNADY AVE. PEMBROKE, GA 31321 </div>]			DATE INVOICE RECEIVED 13 OCT **			
			DISCOUNT TERMS 5/10, N/30			
			PAYEE'S ACCOUNT NUMBER NONE			
			SHIPPED FROM		TO	
					GOVERNMENT B/L NUMBER	

SF 1034 Middle

SHIPPED FROM		TO		WEIGHT		GOVERNMENT B/L NUMBER	
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>		QUAN- TITY	UNIT PRICE COST PER		AMOUNT (1)
377	17 OCT **	PER DETAILED BILL HEREWITH ATTACHED DATED 10 OCT **					1,500.00
		PAYMENT DUE DATE: 20 OCT **					
(Use continuation sheet(s) if necessary)				(Payee must NOT use the space below)		TOTAL	1,500.00
PAYMENT:		APPROVED FOR	EXCHANGE RATE	DIFFERENCES			
<input type="checkbox"/> PROVISIONAL		= \$	= \$1.00				
<input type="checkbox"/> COMPLETE		BY 2					
<input checked="" type="checkbox"/> PARTIAL 1st							
<input type="checkbox"/> FINAL				Amount verified; correct for		1,425.00	
<input type="checkbox"/> PROGRESS		TITLE		(Signature or initials)			
<input type="checkbox"/> ADVANCE							

SF 1034 Bottom

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.			
_____ <i>(Date)</i>	JAMES R. RICHARDSON, LTC, FC <i>(Authorized Certifying Officer)²</i>	DEFENSE ACCOUNTING OFFICER <i>(Title)</i>	
ACCOUNTING CLASSIFICATION			
21*2020 76-9505 117096.Z0-26EB W91DEH*2551339/MJDF S09076 \$1,425.00			
CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY FOR\$1,425.00	CHECK NUMBER	ON <i>(Name of bank)</i>
CASH	DATE	PAYEE ³	
\$	¹ When stated in foreign currency, insert name of currency. ² If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title. ³ When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary," or "Treasurer," as the case may be.		PER
			TITLE
Previous edition usable		PRIVACY ACT STATEMENT The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.	
		NSN 7540-00-900-2234 USAPPC V1.00	

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES.

**PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES.
SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.**

1. CONTRACT/PURCH ORDER NO. DAFI01-**-M-1589		2. DELIVERY ORDER NO. 0009		3. DATE OF ORDER (YYMMDD) **DEC23		4. REQUISITION/PURCH REQUEST NO. PRC 2404		5. PRIORITY									
6. ISSUED BY		CODE		7. ADMINISTERED BY (If other than 6)		CODE		8. DELIVERY FOB									
DIRECTOR, PURCHASING AND CONTRACTING HOS. 1/91ST MECH INF FORT STEWART, GA 31314								<input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER <i>(See Schedule if other)</i>									
9. CONTRACTOR		CODE		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 1 JAN **		11. MARK IF BUSINESS IS									
CONSTRUCTION OR US 129 W. 22ND STREET GLENNVILLE, GA 30427						12. DISCOUNT TERMS NET 30		<input type="checkbox"/> SMALL									
						13. MAIL INVOICES TO See Item 6		<input type="checkbox"/> SMALL DISADVANTAGED									
								<input type="checkbox"/> WOMEN-OWNED									
14. SHIP TO		CODE		15. PAYMENT WILL BE MADE BY		CODE		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER									
POST HOSPITAL BUILDING 163 FORT STEWART, GA 31314				OPERATING LOCATION ATTN: COMMERCIAL VENDOR SERVICES FORT STEWART, GA 31314													
16. TYPE OF ORDER		DELIVERY <input checked="" type="checkbox"/>		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.													
PURCHASE <input type="checkbox"/>		Reference your		furnish the following on terms specified													
		ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.															
NAME OF CONTRACTOR		SIGNATURE		TYPED NAME AND TITLE		DATE SIGNED (YYMMDD)											
<input type="checkbox"/>		If this box is marked, supplier must sign Acceptance and return the following number of copies:															
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE 21*2020 74-7406 847792.63-25CZ W91HOS*3571589/HBBA S09076																	
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ACCEPTED*		21. UNIT		22. UNIT PRICE		23. AMOUNT						
0001		Repair of Hospital heating and blowing system			1		job		\$163.00		\$163.00						
////////// RECEIVED IN OPLOC///////// ////////// VENDOR SERVICES///////// ////////// 30 DEC **/////////																	
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.					24. UNITED STATES OF AMERICA					25. TOTAL							
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED 29 Dec ** Larry Hagman DATE SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE					27. SHIP. NO. 1729-**- <input type="checkbox"/> PARTIAL <input checked="" type="checkbox"/> FINAL					28. D.O. VOUCHER NO.							
										29. DIFFERENCES							
36. I certify this account is correct and proper for payment.					31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL					30. INITIALS							
										33. AMOUNT VERIFIED CORRECT FOR							
DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER					32. PAID BY					34. CHECK NUMBER							
										35. BILL OF LADING NO.							
38. RECEIVED AT Bldg 163			38. RECEIVED BY (Print) Jerry Burch			39. DATE RECEIVED (YYMMDD) **01220			40. TOTAL CONTAINERS			41. S/R ACCOUNT NUMBER			42. S/R VOUCHER NO.		

DD FORM 1155, APR 93

PREVIOUS EDITION MAY BE USED

USAPPC V1.00

DD FORM 1155

DD Form 1155 Bottom

17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE 21*2020 74-7406 847792.63-25CZ W91HOS*3571589/HBBA S09076					
18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
0001	Repair of Hospital heating and blowing system	1	job	\$163.00	\$163.00
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>RECEIVED IN OPLOC VENDOR SERVICES 30 DEC **</p> </div> <div style="width: 30%; text-align: right;"> <p>RECEIVED IN OPLOC VENDOR SERVICES 30 DEC **</p> </div> </div>					
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.		24. UNITED STATES OF AMERICA <div style="display: flex; justify-content: space-between;"> BY: A.N. CANNADY GS 12 A N CANNADY CONTRACTING/ORDERING OFFICER </div>			25. TOTAL \$163.00
26. QUANTITY IN COLUMN 20 HAS BEEN <div style="display: flex; justify-content: space-around;"> <div> <input type="checkbox"/> INSPECTED </div> <div> <input type="checkbox"/> RECEIVED </div> <div> <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED </div> </div> <div style="display: flex; justify-content: space-between;"> DATE SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE </div>		27. SHIP. NO. 1729-** <input type="checkbox"/> PARTIAL <input checked="" type="checkbox"/> FINAL	28. D.O. VOUCHER NO. 32. PAID BY		29. DIFFERENC ES 30. INITIALS
36. I certify this account is correct and proper for payment. <div style="display: flex; justify-content: space-between;"> DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER </div>		31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		33. AMOUNT VERIFIED CORRECT FOR 34. CHECK NUMBER 35. BILL OF LADING NO.	
38. RECEIVED AT Bldg 163	38. RECEIVED BY (Print) Jerry Burch	39. DATE RECEIVED (YYYYMMDD)	40. TOTAL CONTAINERS	41. S/R ACCOUNT NUMBER	42. S/R VOUCHER NO.

U. S. GOVERNMENT
PURCHASE ORDER-INVOICE-VOUCHER

SF 44

DATE OF ORDER 7 APRIL **		ORDER NO. 127-167	
PAYEE	PRINT NAME AND ADDRESS OF SELLER (Number, Street, City, and State)* Johnson Office Supply 1245 Lee Road Richmond Hill, GA 31324		
	FURNISH SUPPLIES OR SERVICES TO (Name and address) HQS, 1/91ST MECH. INF. S1, ADJ FORT STEWART, GA 31314		
	SUPPLIES OR SERVICES	QUANTITY	UNIT PRICE
	Paper, 11 x 14	5pk	3.50
	Ribbons, Panasonic	10 ea.	5.00
	/////RECEIVED IN OPLOC/////		
	////ACCOUNTS PAYABLE\\		
	//////////15 APR **\\\\\\\\\\\\\\\\		
	PAYMENT DUE DATE: 10 MAY **		
PAYOR	AGENCY NAME AND BILLING ADDRESS*		TOTAL \$67.50
	OPLOC		DISCOUNT TERMS
	ATTN: ACCOUNTS PAYABLE R.P. FRAZIER, MAJ, IN FORT STEWART, GA 31314		NET % 30 DAYS
			DATE INVOICE RECEIVED 15 APR **
ORDERED BY (Signature and title) R.P FRAZIER			
PURPOSE AND ACCOUNTING DATA			
21*2020 76-9505 117096.Z0-26EB W913BD*0970067/A111 S09076 \$67.50			
PURCHASER - To sign below for			
RECEIVED BY B. DAVIS			
TITLE CPT, AG ADJUTANT			DATE 10 APR **
SELLER - Please read instructions on Copy 2			
<input type="checkbox"/> PAYMENT \$ RECEIVED - - - - -		<input checked="" type="checkbox"/> PAYMENT REQUESTED \$67.50 - - - - -	
NO FURTHER INVOICE NEED BE SUBMITTED			
SELLER BY: - - JACK LENNON J Lennon - - - SIGNATURE			DATE 10 APR **
I certify that this account is correct and proper for payment in the amount of - \$67.50 - - - - - JAMES R. RICHARDSON, LTC EC - - - - - (Authorized certifying officer)		DIFFERENCES	
		AMOUNT VERIFIED: BY HAB - - - - -	CORRECT FOR \$67.50
PAID BY CASH		DATE PAID	VOUCHER NO.
OR - - - - -			

**Payment
Voucher**

**Payment
Voucher**

* Please INCLUDE
ZIP CODE

1. SELLER'S INVOICE

STANDARD FORM 44a (Rev. 10-83)
PRESCRIBED BY GSA
FAR (48CFR) 53.213(c)



Questions???